

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<i>Application Number</i>	09/763,607
<i>Filing Date</i>	April 19, 2001
<i>First Named Inventor</i>	C. F. STÄHLER
<i>Group Art Unit</i>	1639
<i>Examiner Name</i>	C. M. GROSS
<i>Attorney Docket Number</i>	2923-436

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- Submission required under 37 C.F.R. § 1.114 Note: if the RCE is proper, any previously filed unentered amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - Previously submitted
 - Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
 - Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - Other _____
 - Enclosed
 - Amendment/Reply
 - Affidavit(s)/Declarations
 - Information Disclosure Statement (IDS)
 - Other Terminal Disclaimer
- Miscellaneous
 - Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.170(l) required.)
 - Other _____
- Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.
 - The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2135.
 - RCE fee required under 37 C.F.R. § 1.17(e) (**\$405**)
 - Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) (**\$525**)
 - Other Terminal Disclaimer Fee (\$65)
 - Check in the amount of \$_____ enclosed.
 - Payment by credit card (Form PTO-2038 enclosed.)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

NAME AND REG. NUMBER	Martha Cassidy, Reg. No. 44,066		
SIGNATURE		DATE	1/9/2008
1460640			